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## FEE TRANSMITTAL

### [BOX PATENT APPLICATION]

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| Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 09/939,646              |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | August 28, 2001         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Melba Delaine Self      |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Examiner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | A. Barfield             |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Group Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | 3636                    |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Total Amount Of Payment (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 55.00                   |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Attorney Docket No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 006910.2500             |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <b>METHOD OF PAYMENT (check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to <b>Deposit Account No. 02-0375</b> in the name of Baker Botts L.L.P.</p> <p><input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to <b>Deposit Account No. 02-0375</b>.</p> <p>2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to <b>Deposit Account No. 02-0375</b> in the name of Baker Botts L.L.P., The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <b>FEES CALCULATION (continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <p>3. <b>ADDITIONAL FEES</b></p> <table> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Extension for reply with 1 month</td> <td>\$ 55.00</td> </tr> <tr> <td><input type="checkbox"/> Notice of Appeal</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Brief in Support of Appeal</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Request for Oral Hearing</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Utility Issue Fee (or reissue)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Design Issue Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Plant Issue Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions to Commissioner</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unavoidable)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unintentional)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions Related to Provisional Applications</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Submission After Final Rejection</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Recordation of Assignment Document</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Request for Reexamination</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) Advanced Patent Copies</td> <td>\$</td> </tr> </tbody> </table> |                                 |                         |       |              |              | Fee Description          | Fee Paid        | <input type="checkbox"/> Surcharge - late filing fee or oath | \$    | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | <input checked="" type="checkbox"/> Extension for reply with 1 month | \$ 55.00     | <input type="checkbox"/> Notice of Appeal | \$           | <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | <input type="checkbox"/> Request for Oral Hearing | \$         | <input type="checkbox"/> Utility Issue Fee (or reissue) | \$     | <input type="checkbox"/> Design Issue Fee | \$ | <input type="checkbox"/> Plant Issue Fee | \$ | <input type="checkbox"/> Petitions to Commissioner | \$         | <input type="checkbox"/> Petition to Revive (unavoidable) | \$                        | <input type="checkbox"/> Petition to Revive (unintentional) | \$ | <input type="checkbox"/> Petitions Related to Provisional Applications | \$        | <input type="checkbox"/> Submission of Information Disclosure Statement | \$     | <input type="checkbox"/> Filing Submission After Final Rejection | \$ | <input type="checkbox"/> Recordation of Assignment Document | \$ | <input type="checkbox"/> Filing Request for Reexamination | \$ | <input type="checkbox"/> Other (specify) Advanced Patent Copies | \$ |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fee Paid                        |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Surcharge - late filing fee or oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input checked="" type="checkbox"/> Extension for reply with 1 month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ 55.00                        |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Notice of Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Filing Brief in Support of Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Request for Oral Hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Utility Issue Fee (or reissue)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Design Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Plant Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Petitions to Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Petition to Revive (unavoidable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Petition to Revive (unintentional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Petitions Related to Provisional Applications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Submission of Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Filing Submission After Final Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Recordation of Assignment Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Filing Request for Reexamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <input type="checkbox"/> Other (specify) Advanced Patent Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <p>4. <b>FEES CALCULATION</b></p> <p>1. <b>BASIC FILING FEE</b> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity</p> <table> <thead> <tr> <th></th> <th><b>Fee Paid</b></th> </tr> </thead> <tbody> <tr> <td>Utility Filing Fee</td> <td>\$</td> </tr> <tr> <td>Design Filing Fee</td> <td>\$</td> </tr> <tr> <td>Plant Filing Fee</td> <td>\$</td> </tr> <tr> <td>Reissue Filing Fee</td> <td>\$</td> </tr> <tr> <td>Provisional Filing Fee</td> <td>\$</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                         |       |              |              |                          | <b>Fee Paid</b> | Utility Filing Fee                                           | \$    | Design Filing Fee                                                               | \$ | Plant Filing Fee                                                     | \$           | Reissue Filing Fee                        | \$           | Provisional Filing Fee                                     | \$ |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Fee Paid</b>                 |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Utility Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Design Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Plant Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Reissue Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| Provisional Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                              |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <p>2. <b>EXTRA CLAIMS FEES</b></p> <p>5. <b>CLAIMS AS AMENDED</b></p> <table> <thead> <tr> <th rowspan="2">For</th> <th rowspan="2">Number Present</th> <th rowspan="2">Highest Number Paid For</th> <th rowspan="2">Extra</th> <th colspan="2">Rate</th> <th rowspan="2">Amount</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td></td> <td>20</td> <td>0</td> <td>x \$ 18.00</td> <td>x \$ 9.00</td> <td>\$0.00</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td></td> <td>3</td> <td>0</td> <td>x \$ 84.00</td> <td>x \$ 42.00</td> <td>\$0.00</td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIMS</td> <td></td> <td></td> <td></td> <td>\$ 280.00</td> <td>\$ 140.00</td> <td>\$0.00</td> </tr> <tr> <td><b>TOTAL EXTRA CLAIMS FEES</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>\$0.00</b></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                         |       |              |              | For                      | Number Present  | Highest Number Paid For                                      | Extra | Rate                                                                            |    | Amount                                                               | Large Entity | Small Entity                              | TOTAL CLAIMS |                                                            | 20 | 0                                                 | x \$ 18.00 | x \$ 9.00                                               | \$0.00 | INDEPENDENT CLAIMS                        |    | 3                                        | 0  | x \$ 84.00                                         | x \$ 42.00 | \$0.00                                                    | MULTIPLE DEPENDENT CLAIMS |                                                             |    |                                                                        | \$ 280.00 | \$ 140.00                                                               | \$0.00 | <b>TOTAL EXTRA CLAIMS FEES</b>                                   |    |                                                             |    |                                                           |    | <b>\$0.00</b>                                                   |    |
| For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number Present                  | Highest Number Paid For | Extra | Rate         |              |                          |                 |                                                              |       | Amount                                                                          |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
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| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 20                      | 0     | x \$ 18.00   | x \$ 9.00    | \$0.00                   |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 3                       | 0     | x \$ 84.00   | x \$ 42.00   | \$0.00                   |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| MULTIPLE DEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                         |       | \$ 280.00    | \$ 140.00    | \$0.00                   |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <b>TOTAL EXTRA CLAIMS FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                         |       |              |              | <b>\$0.00</b>            |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
| <p>6. <b>SUBMITTED BY</b></p> <p>Typed or Printed Name <u>Timothy J. Churna</u></p> <p>Signature <u>Timothy J. Churna</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                         |       |              |              | Complete (if applicable) |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |
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| Date 09/11/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Deposit Account User ID 02-0375 |                         |       |              |              |                          |                 |                                                              |       |                                                                                 |    |                                                                      |              |                                           |              |                                                            |    |                                                   |            |                                                         |        |                                           |    |                                          |    |                                                    |            |                                                           |                           |                                                             |    |                                                                        |           |                                                                         |        |                                                                  |    |                                                             |    |                                                           |    |                                                                 |    |